

AUTHORIZATION REQUEST

1. [Check Appropriate Space(s)]

- | | |
|--|--|
| A. Inspection Authority on Task Cards <input type="checkbox"/> | G. Repair Station Roster <input type="checkbox"/> |
| B. Required Inspection Item (RII) <input type="checkbox"/> | H. Airworthiness Release <input type="checkbox"/> |
| C. Airworthiness Release (QC) <input type="checkbox"/> | I. Maintenance Release (Repair Station) <input type="checkbox"/> |
| D. Receiving Inspection <input type="checkbox"/> | J. OJT Instructor <input type="checkbox"/> |
| E. Nondestructive Testing <input type="checkbox"/> | T. Engine Run & Taxi Proficiency Check Examiner <input type="checkbox"/> |
| F. Welding <input type="checkbox"/> | |

2. [Check Appropriate Space(s)]

	Aircraft Towing	Aircraft Taxi	Engine Run	Engine & Taxi Run Instructor
Challenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAe-125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learjet 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beechcraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.

Name: _____ Date: _____
 Certificate No. _____ Stamp No.: _____
 Position Title: _____

I have reviewed the qualification and find the employee is qualified to perform the following:

Requested by: _____

Title: _____

Facility: _____

4.

Approving Official

Print/Type Name: _____

Signature: _____

Approval Date: _____

One copy to employee and the original to employee's supervising office.